

# **Participant Handbook**

*May 2005*

Dear SeniorCare participant:

High prescription drug costs remain a real problem for many people, especially seniors. In Wisconsin, however, SeniorCare provides great help in offsetting these costs for seniors with modest incomes.

SeniorCare has proven to be an efficient and cost-effective program, providing full prescription drug benefits to 90,000 Wisconsin seniors. For many lower income seniors, SeniorCare provides a significantly better benefit than either the new Medicare drug discount cards, or the Medicare prescription drug benefit that is slated to start in 2006.

While federal policies may threaten SeniorCare, I will continue to fight to ensure that SeniorCare remains open and accessible to all eligible individuals.

Our greatest generation deserves the best health care available. SeniorCare fills a critical need in helping seniors lead quality, healthy lives.

Sincerely,



A handwritten signature in dark ink, appearing to read "Jim Doyle". The signature is fluid and cursive, with the first name "Jim" and last name "Doyle" clearly distinguishable.

Governor  
Jim Doyle

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## Wisconsin SeniorCare

Wisconsin SeniorCare is a state/federal funded program that helps Wisconsin residents who are 65 years of age or older and who meet eligibility criteria with their prescription drug costs. SeniorCare is administered by the Department of Health and Family Services. For more information about SeniorCare visit the SeniorCare web site at <http://dhfs.wisconsin.gov/seniorcare/>.

### How to Apply

You may apply for SeniorCare by completing a SeniorCare application. An application may be obtained from your local Office on Aging, Senior Center or Aging Resource Center.

Applications may also be printed from the Department of Health and Family Services Web site at:

<http://dhfs.wisconsin.gov/seniorcare>. If you are unsure where you can pick up an application or wish to have one mailed to you, call the SeniorCare Customer Service Hotline at 1-800-657-2038 (TTY and translation services are available).

Once you have completed an application, mail it and the enrollment fee to:

SeniorCare  
PO Box 6710  
Madison WI 53716-0710

### Who is Eligible

#### Qualifying for SeniorCare

Those who meet all of the following requirements may qualify for SeniorCare:

- Must be a Wisconsin resident.
- Must be a U.S. citizen or a qualifying immigrant.
- Must be 65 years of age or older.
- Must provide a Social Security Number or apply for one.
- Must pay a \$30 annual enrollment fee per person.

#### Social Security Number

Sections 49.688 and 49.82(2) of the Wisconsin Statutes require that Social Security Numbers and other personally identifiable information be provided to receive SeniorCare benefits. Failure to supply the information may result in denial of your application for benefits. The information will be used only for administration of the SeniorCare Program.

#### Income

Annual gross income is used to determine the level of benefits you will receive and what expenses you will have to pay out of pocket.

To make sure that SeniorCare applicants and participants are reporting their income accurately, a SeniorCare Customer Service Representative may contact you and ask you to provide proof of the answers you provided on your SeniorCare application or as part of your SeniorCare annual renewal. As a condition of SeniorCare eligibility you must cooperate with SeniorCare staff in providing this information. If you do not cooperate, your SeniorCare

coverage may be terminated. If we discover that you intentionally provided an inaccurate estimate of your annual income, the Department of Health and Family Services may recover the costs of your benefits from you. (See Section on Fraud for more details.)

### Assets

There is no asset limit for SeniorCare. Items such as bank accounts (checking and/or savings), insurance policies, and home property are not counted in determining eligibility for SeniorCare. However, interest earned on your checking and/or savings account will be counted.

### Out-of-Pocket Expenses

Program participants are subject to certain annual out-of-pocket expense requirements depending on the annual income requirements for SeniorCare, which are based on the Federal Poverty Level (FPL) guidelines. You can find out what the current FPL guidelines are for SeniorCare by contacting the SeniorCare Customer Service Hotline at 1-800-657-2038 or by checking the SeniorCare Web site at: <http://dhfs.wisconsin.gov/seniorcare/>.

### Participation Levels

Each eligible participant receives a 12-month benefit period. See the “Annual Eligibility Review” section for additional information regarding renewal of SeniorCare benefits.

There are four levels of participation. Wisconsin law sets income requirements for each level based on a percentage of the Federal Poverty Level (FPL). You can find out what the current FPL guidelines are for SeniorCare by contacting the SeniorCare Customer Service Hotline at 1-800-657-2038 or by checking the SeniorCare Web site at: <http://dhfs.wisconsin.gov/seniorcare/>. Your participation level depends on your gross annual income. The participation levels are:

2005 SeniorCare Participation Levels*				
Group Size	Level 1 Income at or below 160% FPL	Level 2a Income between 160% - 200% FPL	Level 2b Income between 200% - 240% FPL	Level 3 Income more than 240% FPL
1	\$15,312	\$15,313 - \$19,140	\$19,141 - \$22,968	\$22,969
2	\$20,528	\$20,529 - \$25,660	\$25,661 - \$30,792	\$30,793
*These levels are based on the Federal Poverty Level income guidelines, which change each year.				

**Level 1**

Your gross annual income is at or below 160% of the current FPL.

You pay only a co-payment for covered prescription drugs purchased from participating pharmacies.

There will be a co-payment each time a prescription is filled. The co-payments are \$5 for each covered generic prescription drug, and \$15 for each covered brand name prescription drug.

**Level 2a**

Your gross annual income is greater than 160% of the current FPL and less than or equal to 200% of the current FPL.

At this level, you will have an annual deductible of \$500. That means you pay for the first \$500 of your covered prescription drug costs at participating pharmacies each year. You will receive covered prescription drugs during the deductible period at the SeniorCare rate.

If you and/or your spouse are enrolled, you will each have your own \$500 deductible. If you are married and you and your spouse become eligible at different times during the 12-month period, the deductible amount for the spouse who became eligible at a later time will be prorated. You will be notified as to the amount of your deductible.

After the \$500 deductible is met, covered prescription drugs can be purchased at the co-payment amounts for the remainder of the benefit period. The co-payments are \$5 for each covered generic prescription drug, and \$15 for each covered brand name prescription drug.

The SeniorCare Program automatically tracks all covered prescription drug costs submitted by participating pharmacies. If the prescription is covered by other health insurance, only the portion you pay is applied toward your deductible. When out-of-pocket expense requirements are met for the deductible, the pharmacy will be notified upon the next claim submission.

**Level 2b**

Your gross annual income is greater than 200% of the current FPL and less than or equal to 240% of the current FPL.

At this level you will have an annual deductible of \$850. That means you pay for the first \$850 of your covered prescription drug costs at participating pharmacies each year. You will receive the SeniorCare rate on most covered drugs during the deductible period.

If you and your spouse are enrolled, you will each have your own \$850 deductible. If you are married and you and your spouse enroll or become eligible at different times during the 12-month period, the deductible amount for the spouse who became eligible at a later time will be prorated. You will be notified as to the amount of your deductible.

After the \$850 deductible is met, covered prescription drugs can be purchased at the co-payment amounts for the remainder of the benefit period. The co-payments are \$5 for each covered generic prescription drug, and \$15 for each covered brand name prescription drug.

The SeniorCare Program automatically tracks all covered prescription drug costs submitted by participating pharmacies. If the prescription is covered by other health insurance, only the portion you pay is applied toward your deductible. When out-of-pocket expense requirements are met for the deductible, the pharmacy will be notified upon the next claim submission.

### **Level 3**

Your gross annual income is above 240% of the current FPL.

At this level you have an annual spenddown requirement. The amount of the spenddown is equal to the difference between your gross annual income and 240% of the current FPL. When a married couple with a combined annual income greater than 240% of the FPL, are both determined eligible for SeniorCare, they will have a joint spenddown requirement. During the spenddown period you will pay the retail rate for covered prescription drugs.

After you have met the spenddown, during your benefit period, each participant will have an \$850 deductible. You will receive a discount off the retail price of most covered prescription drugs at the SeniorCare rate during your deductible period.

If you and your spouse are enrolled, you will each have your own \$850 deductible. If you are married and you and your spouse enroll or become eligible at different times during the 12-month period, the deductible amount for the spouse who became eligible at a later time will be prorated. You will be notified as to the amount of your deductible.

After the \$850 deductible is met, covered prescription drugs can be purchased at the co-payment amounts for the remainder of the benefit period. The co-payments are \$5 for each covered generic prescription drug, and \$15 for each covered brand name prescription drug.

The SeniorCare Program automatically tracks all covered prescription drug costs submitted by participating pharmacies. If the prescription is covered by other health insurance, only the portion you pay is applied toward your spenddown or deductible. When out-of-pocket expense requirements are met for your spenddown or deductible, your pharmacy will be notified upon the next claim submission.

### **Health Insurance Coverage**

If you have prescription drug coverage under other health insurance plans, including Medicare Parts A and B, you may enroll in SeniorCare. SeniorCare will coordinate benefit coverage with all other health insurance coverage including Medicare covered drugs when submitted by your pharmacy as a prescription drug claim. SeniorCare will also coordinate benefits with pharmacies that accept discount cards.

If you have questions about your individual health insurance coverage contact your health insurance company directly. For questions regarding your insurance carrier contact:

State of Wisconsin  
Office of Commissioner of Insurance  
Bureau of Market Regulation  
PO Box 7873  
Madison WI 53707-7873  
1-800-236-8517

## When Coverage Begins

Your SeniorCare eligibility begins on the first day of the month following the date SeniorCare receives your completed application and you have met all eligibility requirements, including the payment of the \$30 enrollment fee.

If you are found eligible for SeniorCare, you will be mailed a plastic SeniorCare ID card and a notice of decision, which will explain your benefit level.

## Refund of Enrollment Fee

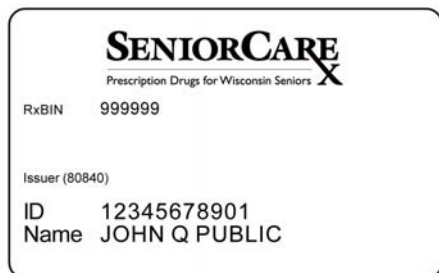
A refund of your \$30 enrollment fee will be made if:

- You are found not eligible, or
- You request to withdraw an application before receiving an eligibility notice; or
- You received an eligibility notice, but have not received any SeniorCare prescription drug benefits. In this case, the request for a refund must be made within 30 days of application, or within 10 days from the date the notice is mailed, whichever is later.

## SeniorCare ID Cards

It is important to safeguard your SeniorCare card, because it is intended to be a permanent card, and is the way to show your pharmacy provider that you are covered by SeniorCare.

Everyone who is found eligible for SeniorCare will receive a SeniorCare card that looks like the card on the following page.



After receiving the card, please inform the SeniorCare Customer Service Hotline at 1-800-657-2038 if:

- The name on your card is wrong.
- Your SeniorCare card is lost or damaged (a new card will be issued immediately).
- You have questions about the use of the card.
- You have questions about your SeniorCare eligibility.
- You have questions about your spenddown or deductible.
- You have questions about covered drugs.

When going to a SeniorCare pharmacy provider, be sure to take your card with you. Your SeniorCare card should be presented each time you purchase a prescription drug. The SeniorCare card will be used to verify your eligibility at each visit. You will not get a new card each month. If you receive a notice saying you are no longer eligible for SeniorCare, you should keep your SeniorCare card. **Do not throw the card away.** If you become eligible again, you will use the same card.

### **Using Your SeniorCare Card**

When you have a drug prescription filled, check with your pharmacy to determine if they accept SeniorCare. To find a participating pharmacy, see information below on participating pharmacies. Your SeniorCare card will be used to verify your eligibility at each visit.

### **Participating Pharmacies**

All pharmacies certified to serve patients in Wisconsin Medicaid are also certified to serve SeniorCare participants. Over 95% of all pharmacies in Wisconsin participate in Wisconsin Medicaid. For help in finding a participating pharmacy provider contact the SeniorCare Customer Service Hotline at 1-800-657-2038.

SeniorCare only covers services billed by participating pharmacies. Participating pharmacies are responsible for submitting claims directly to the SeniorCare Program. SeniorCare does not reimburse participants directly for covered services. Participants should not submit bills or receipts for prescriptions to the SeniorCare Program.

### **Eligibility Updates and Renewals**

#### **SeniorCare Notices**

The SeniorCare card does not show your eligibility dates. You will get a notice in the mail called "Notice of Decision" from the SeniorCare Program explaining the eligibility determination. The notice of decision includes the begin and end date of your eligibility and your level of participation. It is very important for you to read and keep all mail you get about your SeniorCare eligibility.

#### **Reporting Changes in Eligibility**

You need to report certain changes such as:

- A new address,
- A change in state residency,
- Death of a participant, or
- Marriage/separation/divorce.

These changes need to be reported within 10 days of the occurrence to the SeniorCare Customer Service Hotline at 1-800-657-2038.

You do not need to report changes in income unless you believe your financial circumstance has changed to the extent that it would be beneficial for you to reapply. (For example, if you have a reduction in your gross annual income and it would change your participation level.) An additional enrollment fee will need to be paid if you reapply.

All other income changes will be updated when you complete your annual eligibility review.

### **Annual Eligibility Review**

Your SeniorCare benefits are approved for a 12-month period and are renewable annually. If you wish to apply to have your SeniorCare eligibility renewed for an additional 12-month benefit period, you must complete and return the SeniorCare Renewal Application. If you do not complete and return the Renewal Application, your SeniorCare benefit period will end on the last day of the 12th month of your current eligibility.

### **Annual Renewal Application**

You will receive a Renewal Application and instructions approximately six weeks prior to the end of your current benefit period.

The Renewal Application is preprinted with the information that SeniorCare currently has on file for you. You will need to review the preprinted information for changes or incorrect information. If the preprinted information has changed or is incorrect, you will use the “change” section to make the appropriate changes. You will also be asked to shade in circles to indicate your answer to other questions.

You will receive instructions and an income calculation worksheet to assist you in the completion of the Renewal Application. You must estimate your income for the next 12-month period.

To avoid a delay or gap in your benefits, it is important that you complete and return the Renewal Application according to the date in the renewal notice. **Do not** return the instructions or the income calculation worksheet.

A notice of decision on your SeniorCare eligibility will be mailed to you within four to six weeks. Forms with missing or incomplete information will not be processed and will be returned to you.

## **SeniorCare Benefits**

### **Covered Prescriptions**

SeniorCare covers most prescription drugs and over the counter insulin. Reimbursement for most drugs is limited to a 34-day supply. Some maintenance drugs may be provided in a 100-day supply.

### **Prior Authorization**

Some prescription drugs require prior approval from the SeniorCare Program before you get them. This is called prior authorization.

Your pharmacist must obtain prior authorization before some drugs will be covered. SeniorCare prior authorization may be required for some categories of prescription drugs and for prescription drugs that appear to be for cosmetic use only. If prior authorization is not approved, the drug(s) will not be reimbursed and expenditures for the drug will not be applied to your spenddown or deductible.

## **Prescriptions Not Covered**

SeniorCare will not pay for:

- Prescription drugs administered in a physician's office.
- Drugs that are experimental or have a cosmetic, not a medical, purpose.
- Over-the-counter drugs such as vitamins and aspirin even if prescribed, except for insulin.
- Prescription drugs for which prior authorization has been denied.
- Brand name drugs unless medically necessary, as determined by your physician.
- Drugs from manufacturers who have not signed a rebate agreement with the State.

The participating pharmacy provider must notify you of any prescription drug that is not covered before filling your prescription. If you decide you still want your prescription filled anyway, you will be responsible for the cost and it will not count toward your spenddown or deductible.

## **Potential Coverage Limitations for Levels 2b and 3**

Coverage of drugs for SeniorCare participants in Levels 2b and 3 is limited to drugs from manufacturers that enter into a SeniorCare rebate agreement with the State. By signing a SeniorCare rebate agreement, manufacturers agree to make rebate payments to the State for those prescription drugs which were paid for by SeniorCare. The rebates help fund the SeniorCare program.

If the manufacturer of a prescription drug that you take has not signed a SeniorCare rebate agreement, SeniorCare will not cover that drug. There may, however, be an alternative drug available. Your pharmacist may be able to help you find an alternative drug from a manufacturer that has signed an agreement. The SeniorCare Customer Service Hotline 1-800-657-2038, can help you determine which drugs are covered by SeniorCare.

Participating pharmacies know what limits are placed on prescription drugs by the SeniorCare Program. The pharmacist must tell you if the SeniorCare Program does not cover a prescription drug before the drug is dispensed. If the SeniorCare Program does not cover a prescription drug, you may still choose to purchase that drug. A pharmacist may charge you for those drug costs if the pharmacist has informed you that it is not covered and has received your consent prior to the purchase.

## **Questions to Ask**

If your pharmacy tells you that a drug is "not covered" you should ask:

- Is it "not covered" because this is not a drug covered by SeniorCare?
- Is it "not covered" because the manufacturer did not sign a SeniorCare rebate agreement?
- Is it "not covered" because the pharmacy does not have it available?

Asking these questions will help you decide whether or not you want to request an alternative drug or if SeniorCare will not be able to cover the drug at all.

## **Out-of-State Prescription Benefits**

If you are traveling outside of Wisconsin for an extended period, you will need to arrange with your local Wisconsin certified pharmacy to have prescriptions sent to you. SeniorCare will not cover prescription drugs provided by non-participating pharmacies while you are outside of Wisconsin except under the following circumstances:

- When you are within the United States, Canada, or Mexico, and an emergency arises from an accident or illness requiring covered prescription drugs and when the pharmacy completes all the necessary forms. (An out-of-state pharmacy, that is not a certified Wisconsin SeniorCare provider, should contact SeniorCare Provider Services at 1-800-947-9627 to file a claim for reimbursement.)
- When prior authorization has been granted for provision of a non-emergency prescription drug, and you are within the United States, Canada, or Mexico.

## **Reapplication**

If you have a significant decrease in income or a change that results from a marriage, divorce, spouse moving out of your home (for example, to a nursing home) or returning to it, or death of a spouse, you may request to establish a new SeniorCare benefit period at anytime by reapplying for SeniorCare.

To reapply, you must submit a new application form and another \$30 enrollment fee for each applicant. Eligibility will be redetermined for a new 12-month period (within 30 days) after a complete application is received.

## **Withdrawal from Program**

You may withdraw from the program at any time. You may do so by calling the SeniorCare Customer Service Hotline at 1-800-657-2038 or by sending a written request to:

SeniorCare  
PO Box 6710  
Madison WI 53716-0710

Eligibility will be terminated effective the date that we mail your termination notice. Your request can be made by telephone or in writing.

## **Termination from Program**

SeniorCare eligibility is terminated when you:

- No longer meet the non-financial eligibility requirements,
- Request to withdraw from the program, or
- Fail to submit your annual Renewal Application.

## **Fraud**

### **Participant Fraud**

Fraud means intentionally getting or helping another person get benefits to which you or that person is not entitled. People who commit fraudulent acts are subject to prosecution. You may be fined up to \$10,000, imprisoned up to one year, or both, and suspended from the SeniorCare Program if you:

- Lie on the application for SeniorCare (good faith financial estimates will not be penalized as long as there is no intent to provide misleading, fraudulent, omitted or incomplete information).
- Fail to tell us about an event that you know affects initial or continued eligibility for SeniorCare.
- Apply for SeniorCare on behalf of another person and use any part of the benefit for yourself.
- Allow another person to use your SeniorCare card or use someone else's card to get prescription drugs.

### **Provider Fraud**

If you suspect a SeniorCare provider of fraud, waste, or abuse, a complaint can be made by calling the SeniorCare Customer Service Hotline at 1-800-657-2038 or by writing to:

Division of Health Care Financing  
Bureau of Health Care Program Integrity  
PO Box 309  
Madison WI 53701-0309

Examples of provider fraud, waste, and abuse are:

- Billing for prescriptions that were not received.
- Billing for more than was provided.

## **SeniorCare Participant Rights**

U.S. and Wisconsin laws guarantee participant rights, which include:

- The right to be treated with respect by state employees and their contractors.
- The right to confidentiality of all information. (This does not prohibit the use of such records for program purposes, including auditing or accounting purposes.)
- The right of access to records and files relating to your case, except information obtained under a promise of confidentiality.
- The right to remain eligible for SeniorCare benefits even if temporarily absent from the state, provided you remain a Wisconsin resident.
- The right to a speedy determination of eligibility status and prior notice of proposed changes in such status.
- The right to request reasonable accommodations to participate in the program for a disability-related reason or the right to request interpreters or translators to participate in the program.

## **Appeals**

You may appeal to the state Division of Hearings and Appeals (DHA) if you believe your:

- Application for SeniorCare was unfairly denied,
- Application was not acted upon promptly,
- Benefits were unfairly discontinued, terminated, suspended, or reduced,
- Benefits or services you received were not properly determined, or
- Initial eligibility date for program benefits was not properly determined.

General program policy decisions that apply to all SeniorCare participants cannot be appealed. For example, SeniorCare will not pay for a non-covered drug even if a health care provider prescribed it to you and you disagree with the rule.

An appeal may result in a fair hearing.

If an appeal is filed for discontinuation, termination, or suspension before the date the change was to take effect, coverage will continue pending the hearing decision. The appeal should include important facts of the matter and your SeniorCare ID number.

An appeal must be made no later than 45 days after the date of the action being appealed. To learn more about the appeal process or to file an appeal contact:

Department of Administration  
Division of Hearings and Appeals  
PO Box 7875  
Madison WI 53707-7875  
1-608-266-3096

The hearing will be held at a location determined by the Division of Hearings and Appeals. Hearings will be:

- Held at a time reasonably convenient to the petitioner, department, or agency staff and the administrative law judge.
- Reasonably accessible to the petitioner.
- Held at a location subject to the judgement of the administrative law judge.

If you need information about an accommodation for a disability or English translation, please call 1-608-266-3096. This telephone number is only for the Administrative Hearing process.

## **Civil Rights Protections**

Several state and federal laws require all SeniorCare benefits to be provided on a nondiscriminatory basis. All seniors applying for SeniorCare are protected against discrimination based on race, color, national origin, sex, religion, age, disability or association with a person with a disability. Any of the following actions may be considered discriminatory treatment if taken on the basis of any of the above reasons:

- Denial of SeniorCare benefits.
- Segregation or separate treatment.
- Restriction in any way of any advantage or privilege received by others.
- Treatment which is different from that given to others in the determination of eligibility.

## **Discrimination Complaints**

If you believe you have been discriminated against in any way that relates to applying for SeniorCare contact:

Wisconsin Department of Health and  
Family Services  
Affirmative Action and Civil Rights  
Compliance Office  
PO Box 7850  
Madison WI 53707-7850  
1-608-266-9372 (voice) or  
1-608-266-2555 (TTY)

You may also register complaints at the federal level with the:

US Department of Health and Human Services  
Office of Civil Rights  
16th Floor  
105 W Adams St  
Chicago IL 60603  
1-312-886-2359 (voice)

## **Other Programs Available for Those on SeniorCare**

If you are interested in other benefit programs please contact your local county/tribal social or human services, W-2 agency or Medicaid outstation site. Or call Medicaid at 1-800-362-3002.



State of Wisconsin  
Department of Health and Family Services  
Division of Health Care Financing

DHFS is an equal opportunity service provider. If you need assistance to access benefits or material in an alternate format, please contact the SeniorCare Customer Service Hotline at 1-800-657-2038 (TTY and translation services are available).